

BOARD OF DENTISTRY ADMINISTRATIVE RULE - SEDATION

IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

IDAHO STATE BOARD OF DENTISTRY

24.31.01 – Rules of the Idaho Board of Dentistry

000. LEGAL AUTHORITY.

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code. (3-20-20)T

001. TITLE AND SCOPE.

These rules are titled IDAPA 24.31.01, “Rules of the Idaho State Board of Dentistry.” These rules constitute the minimum requirements for licensure and regulation of dentists, dental hygienists, and dental therapists. (3-20-20)T

(BREAK IN CONTINUITY OF SECTIONS)

010. DEFINITIONS AND ABBREVIATIONS.

- 01. ACLS.** Advanced Cardiovascular Life Support or Pediatric Advanced Life Support. (3-20-20)T
- 02. ADA.** American Dental Association. (3-20-20)T
- 03. ADHA.** American Dental Hygienists Association. (3-20-20)T
- 04. AAOMS.** American Association of Oral and Maxillofacial Surgeons. (3-20-20)T
- 05. Analgesia.** The diminution or elimination of pain. (3-20-20)T
- 06. BLS.** Basic Life Support. (3-20-20)T
- 07. CDC.** Centers for Disease Control and Prevention. (3-20-20)T
- 08. CE.** Continuing Education: one (1) hour of instruction equals one (1) CE credit. (3-20-20)T
- 09. CODA.** Commission on Dental Accreditation. (3-20-20)T
- 10. CRNA.** Certified Registered Nurse Anesthetist. (3-20-20)T
- 11. Deep Sedation.** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. (3-20-20)T
- 12. Enteral.** Administration of a drug in which the agent is absorbed through the GI or mucosa. (3-20-20)T
- 13. EPA.** United States Environmental Protection Agency. (3-20-20)T
- 14. General Anesthesia.** A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (3-20-20)T
- 15. GI.** Gastrointestinal tract. (3-20-20)T
- 16. Inhalation.** Administration of a gaseous or volatile agent introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface. (3-20-20)T

17. Local Anesthesia. The elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. (3-20-20)T

18. Minimal Sedation. A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. (3-20-20)T

19. Moderate Sedation. A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. (3-20-20)T

20. Monitor or Monitoring. The direct clinical observation of a patient during the administration of sedation by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures. (3-20-20)T

21. MRD. Maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use. (3-20-20)T

22. NBDE. National Board Dental Examination. (3-20-20)T

23. NBDHE. National Board Dental Hygiene Examination. (3-20-20)T

24. Operator. The supervising dentist or another person who is authorized by these rules to induce and administer sedation. (3-20-20)T

25. Parenteral. Administration of a drug which bypasses the GI tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, intraosseous]. (3-20-20)T

26. PMP. Idaho Prescription Monitoring Program. (3-20-20)T

27. Sedation. The administration of minimal, moderate, and deep sedation and general anesthesia. (3-20-20)T

(BREAK IN CONTINUITY OF SECTIONS)

032. EMERGENCY MEDICATIONS OR DRUGS.

The following emergency medications or drugs are required in all sites where anesthetic agents of any kind are administered: anti-anaphylactic agent, antihistaminic, aspirin, bronchodilator, coronary artery vasodilator, and glucose. (3-20-20)T

(BREAK IN CONTINUITY OF SECTIONS)

041. LOCAL ANESTHESIA.

Dental offices in which local anesthesia is administered to patients shall, at a minimum, have and maintain suction equipment capable of aspirating gastric contents from the mouth and pharynx, a portable oxygen delivery system including full face masks and a bag-valve mask combination capable of delivering positive pressure, oxygen-enriched ventilation to the patient, a blood pressure cuff of appropriate size and a stethoscope. (3-20-20)T

042. NITROUS OXIDE/OXYGEN.

Persons licensed to practice and dental assistants trained in accordance with these rules may administer nitrous oxide/oxygen to patients. (3-20-20)T

01. Patient Safety. A dentist must evaluate the patient to ensure the patient is an appropriate candidate for nitrous oxide/oxygen; ensure that any patient under nitrous oxide/oxygen is continually monitored; and ensure that a second person is in the practice setting who can immediately respond to any request from the person administering the nitrous oxide/oxygen. (3-20-20)T

02. Required Facilities and Equipment. Dental offices where nitrous oxide/oxygen is administered to patients must have the following: a fail-safe nitrous oxide delivery system that is maintained in working order; a

scavenging system; and a positive-pressure oxygen delivery system suitable for the patient being treated. (3-20-20)T

03. Personnel. For nitrous oxide/oxygen administration, personnel shall include an operator and an assistant currently certified in BLS. (3-20-20)T

043. MINIMAL SEDATION.

Persons licensed to practice dentistry in accordance with the Idaho Dental Practice Act and these rules may administer minimal sedation to patients of sixteen (16) years of age or older. When the intent is minimal sedation, the appropriate dosing of a single enteral drug is no more than the MRD. In cases where the patient weighs less than one hundred (100) pounds, or is under the age of sixteen (16) years, minimal sedation may be administered without a permit by use of nitrous oxide, or with a single enteral dose of a sedative agent administered in the dental office. (3-20-20)T

01. Patient Safety. The administration of minimal sedation is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of moderate sedation, general anesthesia, or deep sedation. A dentist must qualify for and obtain a permit from the Board to be authorized to sedate patients to the level of moderate sedation, general anesthesia, or general anesthesia. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation, except as described in Section 043 of these rules. Notwithstanding any other provision in these rules, a dentist must initiate and regulate the administration of nitrous oxide/oxygen when used in combination with minimal sedation. (3-20-20)T

02. Personnel. At least one (1) additional person currently certified in BLS must be present in addition to the dentist. (3-20-20)T

044. MODERATE SEDATION, GENERAL ANESTHESIA AND DEEP SEDATION.

Dentists licensed in the state of Idaho cannot administer moderate sedation, general anesthesia, or deep sedation in the practice of dentistry unless they have obtained a permit from the Board. A moderate sedation permit may be either enteral or parenteral. A dentist may not administer moderate sedation to children under sixteen (16) years of age and one hundred (100) pounds unless they have qualified for and been issued a moderate parenteral sedation permit. A moderate enteral sedation permit authorizes dentists to administer sedation by either enteral or combination inhalation-ental routes of administration. A moderate parenteral, general anesthesia, or deep sedation permit authorizes a dentist to administer sedation by any route of administration. To qualify for a moderate, general anesthesia, or deep sedation permit, a dentist must provide proof of the following: (3-20-20)T

01. Training Requirements. (3-20-20)T

a. For Moderate Sedation Permits, completion of training in the administration of moderate sedation to a level consistent with requirements established by the Board within the five (5) year period immediately prior to the date of application for a moderate sedation permit. The five (5) year requirement is not applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. Qualifying training courses must be sponsored by or affiliated with a dental school accredited by CODA, or be approved by the Board. (3-20-20)T

i. For a moderate enteral sedation permit, the applicant must provide proof of a minimum of twenty-four (24) hours of instruction plus management of at least ten (10) adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route. These ten (10) cases must include at least three live clinical dental experiences managed by participants in groups no larger than five (5). The remaining cases may include simulations and/or video presentations but must include one experience in returning a patient from deep to moderate sedation. (3-20-20)T

ii. For a moderate parenteral sedation permit, the applicant must provide proof of a minimum of sixty (60) hours of instruction, plus management of at least twenty (20) patients by the intravenous route. (3-20-20)T

b. For General Anesthesia and Deep Sedation Permits, completion of an advanced education program accredited by CODA that affords comprehensive training necessary to administer and manage deep sedation or general anesthesia within the five (5) year period immediately preceding the date of application. The five (5) year requirement is not applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. (3-20-20)T

02. ACLS. Verification of current certification in ACLS or PALS, whichever is appropriate for the patient being sedated. (3-20-20)T

03. General Requirements The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate

sedation, general anesthesia, or deep sedation and providing the equipment, drugs and protocol for patient rescue. Evaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the sedation team. For general anesthesia and deep sedation, the Board adopts the standards incorporated by reference in these rules, as set forth by the AAOMS in their office anesthesia evaluation manual.

(3-20-20)T

a. Facility, Equipment and Drug Requirements. The following facilities, equipment and drugs must be available for immediate use during the sedation and recovery phase:

(3-20-20)T

i. An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (2) individuals to freely move about the patient;

(3-20-20)T

ii. An operating table or chair that permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(3-20-20)T

iii. A lighting system that permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(3-20-20)T

iv. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(3-20-20)T

v. An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(3-20-20)T

vi. A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room

(3-20-20)T

vii. A sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, and automated external defibrillator (AED); and

(3-20-20)T

viii. Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs used, bronchodilators, and antihistamines.

(3-20-20)T

ix. Additional emergency equipment and drugs required for moderate parenteral sedation permits include precordial/pretracheal stethoscope or end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants.

(3-20-20)T

x. Additional emergency equipment and drugs required for general anesthesia and deep sedation permits include precordial/pretracheal stethoscope and end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants.

(3-20-20)T

b. Personnel

(3-20-20)T

i. For moderate sedation, the minimum number of personnel is two (2) including: the operator and one (1) additional individual currently certified in BLS.

(3-20-20)T

ii. For general anesthesia or deep sedation, the minimum number of personnel is three (3) including: the operator and two (2) additional individuals currently certified in BLS. When the same individual administering the general anesthesia or deep sedation is performing the dental procedure one (1) of the additional individuals must be designated for patient monitoring.

(3-20-20)T

iii. Auxiliary personnel must have documented training in BLS, will have specific assignments, and shall have current knowledge of the emergency cart inventory. The dentist and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction.

(3-20-20)T

c. Pre-sedation Requirements. Before inducing moderate sedation, general anesthesia, or deep sedation a dentist must:

(3-20-20)T

i. Evaluate the patient's medical history and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate

sedation, general anesthesia, or deep sedation; (3-20-20)T

ii. Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; (3-20-20)T

iii. Obtain written informed consent from the patient or patient's guardian for the sedation; and (3-20-20)T

iv. Maintain a sedation record and enter the individual patient's sedation into a case/drug log. (3-20-20)T

d. Patient Monitoring. Patients must be monitored as follows: (3-20-20)T

i. For moderate sedation the patient must be continuously monitored using pulse oximetry. For general anesthesia or deep sedation, the patient must be continuously monitored using pulse oximetry and end-tidal carbon dioxide monitors. (3-20-20)T

ii. The patient's blood pressure, heart rate, and respiration must be recorded every five (5) minutes during the sedation and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. These recordings must be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons must be documented in the patient's record. (3-20-20)T

iii. During the recovery phase, the patient shall be monitored by an individual trained to monitor patients recovering from sedation; (3-20-20)T

iv. A dentist will not release a patient who has undergone sedation except to the care of a responsible third party; (3-20-20)T

v. The dentist will assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: vital signs are stable, patient is alert and oriented, and the patient can ambulate with minimal assistance; and (3-20-20)T

vi. A discharge entry will be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. (3-20-20)T

e. Sedation of Other Patients. The permit holder must not initiate sedation on another patient until the previous patient is in a stable monitored condition and in the recovery phase following discontinuation of their sedation. (3-20-20)T

045. SEDATION PERMIT RENEWAL.

01. Permit Renewal. Before the expiration date of a permit, the board will provide notice of renewal to the licensee. Failure to timely submit a renewal application and permit fee shall result in expiration of the permit and termination of the licensee's right to administer sedation. Failure to submit a complete renewal application and permit fee within thirty (30) days of expiration of the permit shall result in cancellation of the permit. Renewal of the permit will be required every five (5) years. Proof of a minimum of twenty-five (25) continuing education credit hours in sedation which may include training in medical/office emergencies will be required to renew a permit. In addition to the continuing education credit hours, a dentist must: (3-20-20)T

a. For a moderate enteral sedation permit, maintain current certification in BLS or ACLS. (3-20-20)T

b. For a moderate parenteral, general anesthesia, or deep sedation permit, maintain current certification in ACLS. (3-20-20)T

02. Reinstatement. A dentist may apply for reinstatement of a canceled or surrendered permit issued by the Board within five (5) years of the date of the permit's cancellation or surrender. Applicants for reinstatement of a sedation permit must satisfy the facility and personnel requirements and verify they have obtained an average of five (5) continuing education credit hours in sedation for each year subsequent to the date upon which the permit was canceled or surrendered. A fee for reinstatement will be assessed. (3-20-20)T

046. SUSPENSION, REVOCATION OR RESTRICTION OF SEDATION PERMIT.

The Board may, at any time and for just cause, institute proceedings to revoke, suspend, or otherwise restrict a

sedation permit issued pursuant to Section 045 of these rules. If the Board determines that emergency action is necessary to protect the public, summary suspension may be ordered pending further proceedings. Proceedings to suspend, revoke or restrict a permit shall be subject to applicable statutes and rules governing administrative procedures before the Board. (3-20-20)T

047. DETERMINATION OF DEGREE OF SEDATION BY THE BOARD.

In any matter under review or in any proceeding being conducted in which the Board must determine the degree of central nervous system depression, the Board may base its findings or conclusions on, among other matters, the type, and dosages, and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status. (3-20-20)T

048. USE OF OTHER ANESTHESIA PERSONNEL.

A dentist who does not hold a sedation permit may perform dental procedures in a dental office on a patient who receives sedation induced by an anesthesiologist, a CRNA, or another dentist with a sedation permit as follows:

(3-20-20)T

01. Facility, Equipment, Drugs, and Personnel Requirements. The dentist will have the same facility, equipment, drugs, and personnel available during the procedure and during recovery as required of a dentist who has a permit for the level of sedation being provided. (3-20-20)T

02. Patient's Condition Monitored Until Discharge. The qualified sedation provider who induces sedation will monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of sedation being induced. The sedation record must be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures. (3-20-20)T

03. Use of Services of a Qualified Sedation Provider. A dentist who intends to use the services of a qualified sedation provider must notify the Board in writing of his intent. Such notification need only be submitted once every licensing period. (3-20-20)T

04. Advertising. A dentist who intends to use the services of a qualified sedation provider may advertise the service provided so long as each such advertisement contains a prominent disclaimer that the service "will be provided by a qualified sedation provider." (3-20-20)T

049. INCIDENT REPORTING.

Dentists must report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom sedation was administered. (3-20-20)T